

**Final Regulations to be Adopted under an Exemption**  
**from the Administrative Process Act**  
**(Adopted - June 8, 2000; Effective - August 2, 2000)**

**18 VAC 85-50-115. Responsibilities of the physician assistant.**

A. The physician assistant shall not render independent health care and shall:

1. Perform only those medical care services that are within the scope of the practice and proficiency of the supervising physician as prescribed in the physician assistant's protocol. When a physician assistant is to be supervised by an alternate supervising physician, outside the scope of specialty of the supervising physician, then the physician assistant's functions shall be limited to those areas not requiring specialized clinical judgment, unless a separate protocol for that alternate supervising physician is approved and on file with the board.
2. Prescribe only those drugs and devices as allowed in Part V (18 VAC 85-50-130 et seq.) of this chapter.
3. Wear during the course of performing his duties identification showing clearly that he is a physician assistant.

B. If the assistant is to perform duties away from the supervising physician, such supervising physician shall obtain board approval in advance for any such arrangement and shall establish written policies to protect the patient.

C. If, due to illness, vacation, or unexpected absence, the supervising physician is unable to supervise personally the activities of his assistant, such supervising physician may temporarily delegate the responsibility to another doctor of medicine, osteopathy, or podiatry. The employing supervising physician so delegating his responsibility shall report such arrangement for coverage, with the reason therefore, to the board office in writing, subject to the following provisions:

1. For planned absence, such notification shall be received at the board office at least one month prior to the supervising physician absence.
2. For sudden illness or other unexpected absence, the board office shall be notified as promptly as possible, but in no event later than one week.
3. Temporary coverage may not exceed four weeks unless special permission is granted by the board.

D. With respect to assistants employed by institutions, the following additional regulations shall apply:

1. No assistant may render care to a patient unless the physician responsible for that patient has signed the protocol to act as supervising physician for that assistant. The board shall make available appropriate forms for physicians to join the protocol for an assistant employed by an institution.
2. Any such application as described in subdivision 1 of this subsection shall delineate the duties which said physician authorizes the assistant to perform.
3. The assistant shall, as soon as circumstances may dictate ~~but, within an hour,~~ report with an acute or significant finding or change in clinical status, ~~report~~ to the supervising physician concerning the examination of the patient. The assistant shall also record his findings in appropriate institutional records.
4. ~~No physician assistant shall perform the initial evaluation, or institute treatment of a patient who presents to the emergency room or is admitted to the hospital for a life threatening illness or injury. In non-critical care areas, the physician assistant may perform the initial evaluation in an in-patient setting provided the supervising physician evaluates the patient within eight hours of the physician assistant's initial evaluation.~~

E. Practice by a physician assistant in a hospital, including an emergency department, shall be in accordance with § 54.1-2952 of the Code of Virginia.